

**St. James Episcopal Church
Leesburg, FL
MEMBER INFORMATION SHEET**

(Family Member #1)

(Family Member #2)

Name (1): _____ **Name (2):** _____

Phone (1): _____ **Phone (2):** _____

Email (1): _____ **Email (2):** _____

Address: _____

Baptized (1): Yes _____
(Date, if known)
 No

Baptized (2): Yes _____
(Date, if known)
 No

Confirmed (1): Yes _____
(Date, if known)
 No

Confirmed (2): Yes _____
(Date, if known)
 No

Birth Date: _____

Birth Date: _____

Marriage Date: _____

Children Living At Home:

Name:	Date of Birth:	Baptized:	Confirmed Episcopal:
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Information:

Date Filled Out